



MEDICAL RELEASE AND

HOLD HARMLESS AGREEMENT FOR PLAYERS / COACHES

INSURANCE COMPANY: _____

INSURANCE COMPANY ADDRESS: _____

POLICY NUMBER: _____

POLICY HOLDER: _____

RELATIONSHIP TO PLAYER: _____

IN CASE OF EMERGENCY CONTACT: _____

DAY PHONE: () _____ EVE. PHONE: () _____

We verify that the player/coach listed below has been checked by a licensed physician and is physically able to participate in the C.F.F.B Soccer Training Programs. We agree to allow the player/coach to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. We authorize our insurance company to pay all benefits. Also, we authorize the disclosure of medical information to our insurance company for the purpose of claim(s).

Hold Harmless Agreement: We and our heirs hereby release C.F.F.B its employees, officers and agents from any liability for damages to or loss of personal property, loss of money, sickness or death, etc., for which is not culpable, which might occur while the player/coach is participating in the C.F.F.B Training Program(s).

Signature of Player/Coach

Signature of Parent or Legal Guardian